



## Required Documents for Registration

Dear Parents,

Welcome to Rea View Elementary School. Enclosed you will find the Student Enrollment Packet that will need to be completed and returned to the school as soon as possible to enroll your child at Rea View.

The forms included in this packet that need to be completed and returned are:

- ✓ Student Enrollment Form
- ✓ Proof of Residence Form
- ✓ Home Language Survey
- ✓ NC Immunization Law Form
- ✓ NC Health Assessment Form (completed by your doctor)
- ✓ Request for Health Information Form

Along with the completed forms listed above, please include the following documents:

- ✓ Birth Certificate
- ✓ Immunization Record
- ✓ Proof of Residence:


*Provide **two** documents from the list below:*

- Notarized Rental Agreement or Purchase Agreement
- Utility Bills (that show your name and current address)
- Driver's License *and* Automobile Registration (both needed & count as 1)
- Car Insurance *and* Property Insurance Policies (both needed & count as 1)
- Income Tax W-2 Form *and* Property Tax Bill (both needed & count as 1)

All of the above information **MUST BE** presented before your child can be enrolled.

We look forward to having your child and your family at Rea View Elementary School.

*Warmest Regards,*  
*Rea View Elementary Staff*  
704-290-1524

Rea View Elementary  
Home of the Red Wolves 

# STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

Rea View Elementary School

For Office Use Only:

Enrollment Date \_\_\_\_\_ Student ID \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_  
School \_\_\_\_\_ Transportation AM \_\_\_\_\_ PM \_\_\_\_\_

## ACADEMIC PLACEMENT

Please indicate the student's academic placement:

- New Kindergartener for the \_\_\_\_\_ school year  
 New student entering grade \_\_\_\_\_ for the \_\_\_\_\_ school year

## STUDENT INFORMATION

Birth certificate or other satisfactory evidence of age and official record of immunizations must be presented at time of enrollment.  
Copies of these documents are to be placed in folder and originals returned to parent/guardian.

Legal Name \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Nickname

Property Address \_\_\_\_\_  
House/Apt. Number Street City State Zip

Primary Phone \_\_\_\_\_ Neighborhood \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year City/State/Country

Ethnicity: (choose one)  Hispanic  Non-Hispanic  
Race: (select all that apply)  American Indian  Black  Asian  Hawaiian/Pacific Islander  White

Child resides with \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Legal Custodian \_\_\_\_\_ Legal paperwork provided to school  Yes  No

## FAMILY INFORMATION

Father's Full Name \_\_\_\_\_ Deceased  Yes  No

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Highest Education Level \_\_\_\_\_ Place of Birth \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Deceased  Yes  No

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Highest Education Level \_\_\_\_\_ Place of Birth \_\_\_\_\_ E-mail address \_\_\_\_\_

### Stepparent or Legal Guardian (if applicable)

Full Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email address \_\_\_\_\_

# STUDENT ENROLLMENT FORM

UNION COUNTY PUBLIC SCHOOLS

## SIBLING INFORMATION

Other children in the family (please note if the sibling is a stepsibling)

Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

## EMERGENCY/MEDICAL INFORMATION

Emergency Contact \_\_\_\_\_  
(Other than parent) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pick up Child  
 Yes  No

Emergency Contact \_\_\_\_\_  
(Other than parent) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Yes  No

Permission to obtain medical attention  Yes  No

Medical Provider \_\_\_\_\_ Dentist \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Is your child taking any prescribed medications?  Yes  No If yes, please list \_\_\_\_\_  
Are there any medical conditions we should be aware of (i.e. allergies, seizures, etc.)? \_\_\_\_\_

## PREVIOUS SCHOOL INFORMATION

Last School Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grade(s) \_\_\_\_\_ City/State \_\_\_\_\_  
Public   
Private   
Charter   
Home School

Other School Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grade(s) \_\_\_\_\_ City/State \_\_\_\_\_  
Public   
Private

Other School Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Grade(s) \_\_\_\_\_ City/State \_\_\_\_\_  
Public   
Private

Has the student ever been enrolled in Union County Public Schools?  Yes  No

## STUDENT'S EDUCATIONAL NEEDS

Please indicate any services that your child has previously or currently receives:

Individualized Education Program (IEP)  Yes  No If yes, has a copy of the plan been provided?  Yes  No  
Section 504 Plan  Yes  No If yes, has a copy of the plan been provided?  Yes  No  
Academically Gifted (AIG or TD)  Yes  No If yes, has a copy of the plan been provided?  Yes  No  
Self-Contained Class \_\_\_\_\_ Occupational Therapy \_\_\_\_\_ Physical Therapy \_\_\_\_\_ Speech \_\_\_\_\_ Other \_\_\_\_\_

Has your child ever been retained?  Yes  No If yes, what grade? \_\_\_\_\_

Has your child ever left a school due to a Suspension or Expulsion?  Yes  No If yes, explain: \_\_\_\_\_

## TRANSPORTATION

AM-student will arrive by:  Bus  Car PM-student will leave by:  Bus  Car  Rea View Afterschool  Off-Site Afterschool

## Military Information

Does your child have any member of their immediate family serving in the US Armed Forces?  Yes  No

If yes, \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Branch of military service \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



www.ucps.k12.nc.us

Rea View Elementary

Jennifer Parker, Principal
320 Reid Dairy Road
Waxhaw, NC 28173
Phone 704-290-1524
Fax 704-845-1653
http://reaview.ucps.k12.nc.us

Proof of Residence Form

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Neighborhood: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In order for your child to enroll, proof of residence for the above address must be provided.

Please attach two (2) Proofs of Residence for the above address, from the list of acceptable documents below:

Where items are linked by and, both items must be given to count as ONE proof of residence.

- A notarized rental agreement or purchase agreement for a house with the person's name and address on it.
Recent utility bills (electric, phone, gas, power, cable, etc.) If two utility bills are submitted, they will count as your 2 proofs of residence.
A current driver's license and automobile registration card with the person's name and address on it.
Current car insurance and property insurance policies with the person's name and address on it.
Income tax W-2 form and property tax bill with the person's name and address on it.
A notarized Certification of Residence form from the owner of the house where the person is living, listing the names of the person and their child(ren). A visit by the Attendance Counselor will follow.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Temporary Residence\*\*

Students living outside of Union County at a temporary residence before locating inside the boundary of Union County, must obtain approval from Union County Public Schools' central office.

Please contact central services at 704-296-1006 for approval.

Temporary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Globalization. Innovation. Graduation.



# NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

## PARENT to COMPLETE THIS SECTION

**Student Name:**

(Last)

(First)

(Middle)

M  F

**Birthdate (M/D/YYYY):**

**School Name:**

**Hispanic of Latino Origin:**  1 Yes  2 No

**Race:**

- 1 Other Non-White  2 White  3 Black  4 American Indian  5 Chinese
- 6 Japanese  7 Hawaiian  8 Filipino  9 Other Asian  10 Unknown

**Home Address:**

**City:**

**State:**

**County:**

**Parent Information: Name of Parent, Guardian, or person standing in loco parentis:**

**Telephone(s)**

Home:

Work:

Cell Phone:

**Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):**

## HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

**Medications prescribed for student:**

**Student's allergies, type, and response required:**

**Special diet instructions:**

**Health-related recommendations to enhance the student's school performance:**

**Vision screening information:**

Passed vision screening:  Yes  No

Concerns related to student's vision:





# PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education | Department of Public Instruction

January 2016

**Hearing screening information:**

Passed hearing screening:  Yes  No

Concerns related to student's hearing:

**Recommendations, concerns, or needs related to student's health and required school follow-up:**

School follow-up needed:  Yes  No

**Medical Provider Comments:**

**Please attach other applicable school health forms:**

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

**Health Care Professional's Certification**

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: \_\_\_\_\_

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health  
HEALTH AND HUMAN SERVICES

Must be completed annually

Please return the following form to your child's teacher **as soon as possible**. This information will be reviewed by the School Nurse.

|  |                    |                   |
|--|--------------------|-------------------|
| School:  | Grade:             | Homeroom Teacher: |
| <b>STUDENT NAME:</b>   | Date of Birth:     | Bus#              |
| Parent/Guardian:   | Daytime Phone (1): |                   |
| Parent/Guardian email:   | Daytime Phone (2): |                   |
| Emergency Contact:   | Phone:             |                   |
| Current Doctor/Practice:   | Phone:             |                   |
| <b>Medication allergies and reaction(s):</b> <input type="checkbox"/> NONE KNOWN <input type="checkbox"/> Yes (list):  |                    |                   |
| Current Medications:   |                    |                   |
| <b>Meds needed at school?:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes* (list): <i>(*)Medication consent form is required to be signed by the health care provider and the parent/guardian. Medication cannot be given until consents have been received.</i> |                    |                   |

**CHECK THE CONDITION(S) YOUR CHILD HAS BELOW, OR**

**MY CHILD HAS NO KNOWN HEALTH CONDITIONS**

(You may stop here if there are no known medical conditions. Please sign at the bottom and return form).

|   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> <b>ADD/ADHD</b><br>(See Below)<br><input type="checkbox"/> <b>Allergies, Severe</b><br>(See Below)<br><input type="checkbox"/> Allergies, Seasonal<br><input type="checkbox"/> <b>Asthma</b> (See Below)<br><input type="checkbox"/> Autism<br><input type="checkbox"/> Cancer/Leukemia<br>Date Diagnosed: _____ | <input type="checkbox"/> Cerebral Palsy<br><input type="checkbox"/> Crohn's Disease/IBS<br><input type="checkbox"/> Cystic Fibrosis<br><input type="checkbox"/> <b>Diabetes</b> (See Below)<br><input type="checkbox"/> Down Syndrome<br><input type="checkbox"/> <b>Epilepsy/Seizures</b><br>(See Below)<br><input type="checkbox"/> Glasses/Contacts | <input type="checkbox"/> Hearing Aid/Loss<br><input type="checkbox"/> <b>Head Injury/Concussion</b><br>Date Diagnosed: _____<br><input type="checkbox"/> Heart Conditions<br>Type: _____<br><input type="checkbox"/> Hemophilia/Bleeding Disorder<br><input type="checkbox"/> <b>Mental Health Diagnosis</b><br>(See Below)<br><input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Neuromuscular Disease<br><input type="checkbox"/> Orthopedic Disability<br><input type="checkbox"/> Renal/Kidney Disease<br><input type="checkbox"/> Juvenile Rheumatoid Arthritis<br><input type="checkbox"/> Sickle Cell Anemia<br><input type="checkbox"/> Ulcers/Gastric Reflux<br><input type="checkbox"/> Other: _____ |
|---|--|--|---|

**FOR THE FOLLOWING CONDITIONS, PLEASE PROVIDE ADDITIONAL INFORMATION:**

|  |  |
|--|--|
| <b>Severe Allergies</b><br><br>Notify your School Nurse <b>IMMEDIATELY</b> if anaphylaxis may occur. | What is your child allergic to? <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Milk <input type="checkbox"/> Eggs <input type="checkbox"/> Insect Stings<br><input type="checkbox"/> Other: _____<br><br>Is medication needed at school for allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes*<br>If yes, name: _____<br>Location of Medication: <input type="checkbox"/> Carried by student* ( <b>requires self-carry form</b> ) <input type="checkbox"/> Classroom <input type="checkbox"/> Health Room<br>Date/Type Last Reaction: _____ Check the type of allergic reaction that occurs:<br><input type="checkbox"/> HIVES <input type="checkbox"/> SWELLING <input type="checkbox"/> DIFFICULTY BREATHING <input type="checkbox"/> OTHER: _____ |
| <b>Asthma</b>  | Is medication needed at school for asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes*<br>If yes, name: _____<br>Location of Medication: <input type="checkbox"/> Carried by student* ( <b>requires self-carry form</b> ) <input type="checkbox"/> Classroom <input type="checkbox"/> Health Room<br>Date of last episode: _____<br>Triggers: <input type="checkbox"/> Environmental <input type="checkbox"/> Seasonal <input type="checkbox"/> Exercise induced <input type="checkbox"/> Upper respiratory infection <input type="checkbox"/> Other: _____  |
| <b>Epilepsy/Seizures</b>   | Type: <input type="checkbox"/> Febrile Only <input type="checkbox"/> Convulsive <input type="checkbox"/> Non-Convulsive Date of last seizure: _____<br>Is emergency medication needed at school? <input type="checkbox"/> No <input type="checkbox"/> Yes*<br>If yes, name: _____  |
| <b>Diabetes</b>  | Type I <input type="checkbox"/> Type II <input type="checkbox"/> Diagnosis Date: _____<br>* <b>Insulin</b> by: <input type="checkbox"/> Pump <input type="checkbox"/> Injections <b>CGM</b> (i.e.: Dexcom): <input type="checkbox"/> No <input type="checkbox"/> Yes, Type: _____<br><i>Please call to schedule Nurse Conference - Notify your school nurse immediately if newly diagnosed</i>   |
| <b>ADD/ADHD Mental Health</b>  | Type: <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Other: _____<br>Medication used for treatment: _____  |

Please be aware that the information you provide will be shared with staff on a need-to-know basis.

In the event of an emergency, and you cannot be reached, I give permission for the School Nurse to contact my doctor for further instructions on medications or care.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Union County Public Schools North Carolina Immunization/Health Assessment Law Information

Every parent, guardian and person or agency, whether governmental or private, with legal custody of a child shall have the responsibility to ensure that the child has received the required immunizations at the age required by law. It shall be the responsibility of the parent to provide a complete immunization record of each school age child to the school not later than 30 calendar days after the child enters school *or the child will be suspended* from school until such time as a valid complete immunization record can be provided to the school. Please review your child's record to assure that it meets N.C. Immunization Law requirements.

General Statute 130A-152 through 130A-157 states in part that each child's immunization record must have the dates of each immunization and the specific immunizations. The following is a description of the requirements:

If a child enrolled in kindergarten or 1<sup>st</sup> grade for the first time after 7/1/94, but before 7/1/99:

- 5 DTaP/DPT/Td      last dose on or after 4<sup>th</sup> birthday
- 4 Polio              3 doses if last dose on or after 4<sup>th</sup> birthday
- 3 Hib                 at least 1 Hib on or after 1<sup>st</sup> birthday (not given after age 5)
- 2 MMR               1<sup>st</sup> dose on or after 1<sup>st</sup> birthday

If child enrolled in kindergarten for the 1<sup>st</sup> time after 7/1/99, but before 7/1/2015:

- 5 DTaP/DPT/Td      4 doses if last dose on or after 4<sup>th</sup> birthday
- 4 Polio               3 doses if last dose on or after 4<sup>th</sup> birthday
- 3 Hib                 at least 1 Hib on or after 1<sup>st</sup> birthday (not given after age 5)
- 2 MMR               1<sup>st</sup> dose on or after 1<sup>st</sup> birthday
- 3 Hepatitis B        last dose not before 24 weeks of age
- 1 Varicella          before school entry

If child enrolled in kindergarten for the first time after 7/1/15:

- 5 DTaP/DPT/Td      last dose required on or after 4<sup>th</sup> birthday. 4 doses if 4<sup>th</sup> is after 4<sup>th</sup> birthday.
- 4 Polio               last dose required on or after 4<sup>th</sup> birthday. 3 doses if 3<sup>rd</sup> is after 4<sup>th</sup> birthday.
- 3 Hib                 at least 1 Hib on or after 1<sup>st</sup> birthday and before 5 years of age
- 2 MMR               1<sup>st</sup> dose on or after 1<sup>st</sup> birthday
- 3 Hepatitis B        last dose not before 24 weeks of age
- 2 Varicella          before school entry (history of chickenpox disease must be documented by a provider)

Additional requirements beginning 7/1/2015:

- 1 Tdap                before entry into 7<sup>th</sup> grade (this booster dose is required if no Tdap given since age 10)
- 2 Meningococcal    1<sup>st</sup> dose before entry into 7<sup>th</sup> grade (1<sup>st</sup> dose is required if no MCV given since age 10)  
2<sup>nd</sup> dose before entry into 12<sup>th</sup> grade.

Any medical exemption must be in writing from a physician per G.S. 130A-156.

**North Carolina Health Assessment Law** G.S. 130A-440 states that every child in the State entering N.C. public schools for the first time shall receive a health assessment. The health assessment shall be made no more than 12 months prior to the day of school entry. The parent, guardian, or responsible person shall have 30 calendar days from the first day of school to present the required health assessment form for the child.

Please feel free to call the School Health Office @ 704-296-0845 to speak with a school nurse if you have questions about the North Carolina Immunization Law or Health Assessment Law.

I am aware that my child's complete immunization record/Health Assessment is due within 30 days of my child's first day of school or he/she will not be allowed to continue in school until such time as a valid immunization record and Health Assessment can be provided to the school. I realize that this responsibility is that of the parent/guardian, not that of the former school. A health assessment form is required for my child if he/she is entering NC public school for the first time.

|                           |               |                 |
|---------------------------|---------------|-----------------|
| Student's Name            | Date of Birth | Enrollment Date |
| Parent/Guardian Signature | Date          |                 |





HOME LANGUAGE SURVEY

Date School Grade
Has the student ever attended a U.S. school before? Yes No
If yes, Date of Entry

Student's Name Date of Birth
First Name Middle Initial Last name M/D/Y

Address
Street City State Zip Code

Phone Number
Phone No. (Home) (Work)

Parent or Guardian's Name
Parent or Guardian First Name Middle Initial Last Name

Parent or Guardian's Native Language

Do you need free translation services to understand school records and/or free interpretation services at conferences in your native language? Yes No

What is the student's country of origin and ethnicity? Country Ethnicity

- 1. Is the student's first-learned or home language anything other than English? Yes (Please continue the survey) No (Stop here and sign below)
2. Which language did your son/daughter learn when he/she first began to talk?
3. What language does your son/daughter speak most often?
4. What language is most often spoken in your home?
5. Other than foreign languages studied in school, what Language(s) does your son/daughter speak?

\*If the answer to questions 2-5 is a language other than English, the student may be assessed with the State-designated English language proficiency test to ensure appropriate placement and English language assistance if needed.

Parent/Guardian Signature Date



Andrew G. Houlihan, Ed.D. -- Superintendent

Board of Education
Melissa Merrell - Chairman
Gary Sides - Vice Chairman
Leslie Boyd
Kathy Heintel
Christina Helms
Matt Helms
Joseph Morreale
Dennis Rape
Candice Sturdivant

Department Name

400 North Church Street
Monroe, NC 28112
Phone 704.296.9898 Fax 704.289.9182
www.ucps.k12.nc.us

Transportation Department
NEW BUS RIDER INFORMATION FORM

School Year: \_\_\_\_\_ Date: \_\_\_\_\_ School: REA VIEW ELEMENTARY

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_
\_\_\_\_\_

Transportation Needs: AM only \_\_\_\_\_ PM only \_\_\_\_\_ or Both \_\_\_\_\_

Daily Bus Rider \_\_\_\_\_ Occasional Bus Rider \_\_\_\_\_

\* Please keep in mind, it is the policy of Union County Public Schools Transportation that if your child does not ride 10 consecutive days, he/she will be removed from the bus roster, requiring you to reapply to ride the bus should you choose for your child to do so in the future.

\*\*\*\*\*

Only fill out if an ALTERNATE ADDRESS is needed:

Please record the address in which the student will be picked up and/or dropped off, IF different from the HOME address stated above.

Morning Stop Address: \_\_\_\_\_

Name/Relationship to Student: \_\_\_\_\_

Afternoon Stop Address: \_\_\_\_\_

Name/Relationship to Student: \_\_\_\_\_

Growing Possibilities.



## Rea View Elementary

320 Reid Dairy Road

Waxhaw, NC 28173

Phone: (704) 290-1524 Fax: (704) 845-1653

### FAX

To: \_\_\_\_\_  
(Previous School Attended)

Fax Number of Previous School: \_\_\_\_\_

## REQUEST FOR RECORDS

*I give permission for all school records for my child/children to be forwarded to Rea View Elementary, including their records from any past schools attended.*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

### Child's/Children's Name:

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Grade

### **Please send all that apply:**

Birth Certificate

Health Assessment/Immunization Record

Attendance Records to date (K-5), including enrollment dates

Report Cards through the date of withdrawal (K-5)

Test Scores (Achievement/Aptitude)

Gifted Education Program Eligibility

Exceptional Children's Records (IEP, 504, evaluations, etc.)

Thank you for your help,

\_\_\_\_\_  
Tammie Phillips, Data Manager  
([tammie.phillips@ucps.k12.nc.us](mailto:tammie.phillips@ucps.k12.nc.us))

\_\_\_\_\_  
Date

## **Dates to Remember**

### **Kindergarten "February" Open House**

February 13, 2020

5:30-6:30 pm

Media Center

### **Kindergarten Summer Assessments**

\* Sign-ups will be done when you return the completed registration packet.

\* Students will attend only 1 of the sessions below.

\* First come, first serve.

#### **August 10, 2020**

Session 1: 9:00-11:00 am

Session 2: 12:00-2:00 pm

#### **August 20, 2020**

Session 1: 9:00-11:00 am

Session 2: 12:00-2:00 pm

### **Homeroom Assignments**

You will be notified of your teacher assignment by Wednesday, August 26<sup>th</sup>.

### **Back-to-School Open House (all grades)**

August 27, 2020

4:30-6:30 pm

### **Kindergarten Staggered Start Week**

Kindergarten students will be broken up into small groups & assigned to attend 1 day during the week of August 31<sup>st</sup>.

Days will be assigned alphabetically.

**August 31 – September 3 from 8:00am – 1:00pm**

August 31<sup>st</sup>

September 1<sup>st</sup>

September 2<sup>nd</sup>

September 3<sup>rd</sup>

### **First FULL day of Kindergarten**

Tuesday, September 8, 2020

### **School Supplies**

In the spring, a school supply list and the opportunity to pre-order supply kits, will be posted on Rea View's website.

Be sure to visit Rea View Elementary's website and the Rea View PTO website often for upcoming dates and events.



After School Program

407 North Main Street  
Monroe, NC 28112  
Phone 704.290.1516 Fax 704.289.5139  
www.ucps.k12.nc.us

Andrew G. Houlihan, Ed.D. – Superintendent

**Board of Education**  
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Candice Sturdivant

January 2020

Dear Parents:

The After School Program provides purposeful activities in a caring atmosphere for children in grades K-5 enrolled in the Union County Public School system. The program consists of supervised enrichment and recreational activities suitable to appropriate age groups. Plans are to continue After School Programs at 25 elementary school locations for next school year. The program is self-supporting; therefore, we will continue to have programs at schools that have and maintain sufficient interest. We must have a minimum of 30 students enrolled at each site in order to continue the program.

There is an annual \$25 registration fee per each family enrolled in the program. For the 19-20 school year, the cost is \$60.00 per week for the first child enrolled in a family and \$55.00 per week for any additional children in the same family. The weekly fee includes all materials and a daily snack. These fees/costs are subject to change, and parents will be notified of weekly tuition rates prior to the beginning of the school year. Once your child is enrolled, you will receive a payment schedule indicating amounts and due dates. Prior to school starting in the fall, you will be invited to attend After School Open House. At that time, you will receive additional information regarding our policies and procedures.

Our daily activity schedule includes homework time, free play, teacher directed activities, student choice time and snack time. The After School Program operates from the closing of school until 6:00 p.m. each day school is in operation and on teacher workdays, if there is sufficient interest.

**To add your child's name to the Contact List for After School please follow these steps:**

1. Visit the Union County Public Schools website, scroll down to "Departments" and click on "After School Program." Once you are on the After School Program web page, on the left hand side, select "After School Online Interest List" where you will be able to click on a link "*Click here to access the Online Interest Form.*"
2. Under "New Family," select your school and click "New Family Registration." This will take you to the Parent/Guardian information page which will allow you to input your information. Once complete, click submit. You will then see a second page for student information which you should also complete and submit. Please note: If you are a UCPS employee, please add that information in the comments section on the student information page.

Having your name on this contact list will allow us to contact you via email with regards to registration. Registration opens on April 6, 2020, for those students currently enrolled in ASP and their siblings. Registration opens on April 20, 2020 for all new students, including the 2020-2021 kindergartners. There are limited spots available at each site, so please be sure that when formal registration opens, you enroll quickly.

We look forward to working with you!

Sincerely,

Rachel Clarke, Ed.D.  
Director, UCPS After School Program

Growing Possibilities.

# Rea View Elementary PTO



Welcome Rising Kindergarten Families!

If next year will be your first year at Rea View, I would like to extend a very warm welcome to you. If you are a "seasoned" Red Wolf family, I know that you are as excited as we are to be adding your newest little Red Wolf to our school family!

We hope that you will find it easy to reach out to the PTO with any questions as you navigate your child's kindergarten year. The PTO has set up a very active website, Facebook page, and Twitter feed that will keep you looped in on upcoming events, activities, and ways you can become involved in your child's success. Additionally, if you create a user account on our PTO Website, you can sign-up to receive our weekly newsletter in your email inbox each Wednesday during the school year. Also, through the website we will send out emails about summer playdates, Open House, and other events that rising Kindergartens can attend.

I encourage each and every one of you to become a part of our team. The number one reason to join and volunteer with the PTO is to benefit the children, but there are many more advantages:

- ☞ By becoming a PTO member, you'll be demonstrating to your child the importance you place on education.
- ☞ PTO committees and functions provide opportunities to meet other parents, administrators, teachers, and school staff.
- ☞ By volunteering with your PTO, you gain valuable experiences and personal confidence. It's an opportunity to put your skills and hobbies to good use, for a good cause.
- ☞ By getting involved, you'll be part of the solution, helping to make positive change.
- ☞ PTO is a forum for exchanging ideas; attend the PTO General meetings (many of which are on Facebook Live) throughout the year to make suggestions and provide your input.

In the fall of 2020 we will have several open volunteer opportunities for both our PTO Executive Board and committees. To learn more about volunteering at Rea View this fall or if you have any questions for the PTO, please feel free to email me at [reaviewpto@gmail.com](mailto:reaviewpto@gmail.com).

Thank you and we look forward to seeing you and your new Red Wolf in the fall!

Your Rea View Elementary PTO President,  
Ashley Maggio



Scan the QR codes below with your phone's camera or a QR app to link to our Rea View PTO Website, Facebook page, and Twitter feed.



**PTO Website**

[www.reaviewpto.com](http://www.reaviewpto.com)



**PTO Facebook Page**

<https://www.facebook.com/reaviewpto/>



**PTO Twitter Feed (@ReaViewPTO)**

<https://twitter.com/ReaViewPTO>

